

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/	/				53						
4	/						54						
5	/						55						
6		/	/				56						
7		/		/			57						
8		/		/			58						
9	/		/				59						
10		/		/			60						
11		/		/			61						
12		/		/			62						
13		/		/			63						
14		/		/			64						
15		/		/			65						
16		/		/			66						
17		/		/			67						
18		/		/			68						
19		/	/				69						
20		/		/			70						
21	/						71						
22		/					72						
23		2					73						
24		2					74						
25		2					75						
26		2					76						
27		2					77						
28		/		3			78						
29		/		3			79						
30		/		3			80						
31		2		7			81						
32	/	/					82						
33		/					83						
34		/					84						
35		/					85						
36		/					86						
37		/					87						
38		/					88						
39		/					89						
40	/						90						
41		/					91						
42		2					92						
43		/					93						
44		/					94						
45		/					95						
46	/						96						
47		2					97						
48				3		3	98						
49							99						
50							100						
TOTAL IND.	8		4				TOTAL IND.						
TOTAL DEP.	47		24				TOTAL DEP.						
TOTAL CLAIMS	55		28				TOTAL CLAIMS						